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"A Room of One's Own"

On New Year's Eve, 1938, the first number of the thirty-fifth volume of *The Canadian Nurse* came off the press. It does seem natural, therefore, to take a backward glance over the up-hill trail which has led to this particular milestone.

The first number of the first volume of *The Canadian Nurse* appeared in March, 1905, and lies before us as we write. In her editorial Foreword, Dr. Helen MacMurchy thus defined its primary purpose: "*The Canadian Nurse* will be devoted to the interests of the nursing profession in Canada. It is the hope of its founders that this magazine may aid in uniting and unplifting the profession, and in keeping alive that *esprit de corps* and desire to grow better and wiser in work and life which should always remain to us as a daily ideal."

It may truly be said that through the years the *Journal* has consistently justified the faith thus reposed in it by its founders. It still serves as a link between the nurses of Canada, no matter how widely separated they may be in a geographic sense, and continues to be a potent factor in keeping alive the *esprit de corps* which is the soul of any true profession. Every successive volume reflects the steady growth of the Canadian Nurses Association and especially during the last twenty years reveals a substantial measure of achievement.

Nevertheless, in that same Foreword there are other significant words, less idealistic and more practical, which will repay examination: "*The policy of the magazine will be directed by the Committee on Publication, and the business department will be conducted on business principles.*" Across the gap of thirty-five years we salute the woman who, at the very outset, set down the fundamental policy which must govern this or any other journal which is expected to pay its own way.

Now what are the business principles which are specially applicable to this *Journal?* We suggest that they include the following:

1. The *Journal* must give full publicity to the interests and activities of

the professional group which owns and publishes it.

2. The *Journal* must be sufficiently readable and interesting to sell itself, on its own merits, to Canadian nurses in general. Unless the circulation is large enough to prove that the magazine has strong professional support advertisers will not take it seriously as an advertising medium. Earnings from advertising are based on circulation, not on sentiment.

3. Sound business practice must be followed in all contractual relationships having to do with printing, production, and advertising.

4. A continuing programme of active promotion must be consistently carried on with respect to both circulation and advertising.

5. The *Journal* must be large enough to carry all the advertising it can get and at the same time afford sufficient space for interesting articles, attractively illustrated.

6. Competent editorial and business direction must be assured.

7. Sufficient workers must be employed to ensure prompt and efficient production of the magazine, reliable bookkeeping, and accurate records.

8. While strict economy is both necessary and desirable, it should not be carried to a point where it impairs the usefulness of the *Journal* and defeats its purposes.

9. Adequate office accommodation and equipment must be available.

No attempt will be made to indicate the extent to which the *Journal* does (or does not) at present live up to all these principles. It is only with the ninth, and last, that we have immediate concern. For the first time in her history, *The Canadian Nurse* is the proud possessor of what Virginia Woolf calls "a room of one's own." The *Journal* now occupies a modest suite, divided by glass and steel partitions into a general office, an editorial office and a storage room. Naturally this means increased expenditure for rent and adds to the financial responsibilities which must be reckoned with. It will be necessary to work harder. More advertising space must be sold —which means that circulation must be substantially increased.

Under these circumstances it is most heartening to know that excellent promotion work is being done under the auspices of the Provincial Associations of Registered Nurses. Before long, full details will be given in the *Journal* concerning the activities of some of *The Canadian Nurse* Committees. A new spirit seems to be abroad, new ideas are being tried out, new experiments made. It will be a pleasure to tell about some of them next month.

To possess "a room of one's own" means that one has a private place in which to think, to plan, and to work. Like all good things it has its price but, in "Three Guineas", Virginia Woolf suggests that the ability to earn one's own living is "the lucky sixpence" which pays the rent. Since 1936, *The Canadian Nurse* has managed to hang on to that shining little coin, and during the next thirty-five years may she never lose it!

One word more. From the beginning, the *Journal* has leaned heavily upon the pioneers. It is time now that the younger nurses took hold. They have, ready to their hand, a self-supporting business which has not only managed to pay its own way under difficult conditions, but has even bought its working tools out of earnings as it went along. Now the time has come for expansion—and that means facing a new adventure.

E.J.

Indirect Transfusion

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Transfusion means the transference of blood from the vein of one person, the donor, to the vein of another, the recipient. It is the most effective and valuable means of treating haemorrhage, or the constitutional effects of haemorrhage. Constitutional effects vary according to the rapidity and amount of blood lost. Symptoms resulting from severe haemorrhage are a marked pallor, cold and clammy skin, the pulse becomes feeble and rapid, the systolic pressure which is normally about 130 m.m. mercury, may drop as low as 70 m.m. mercury. The patient's respirations become rapid and shallow, he becomes restless and very thirsty. There is a tremendous loss of body fluid and the decreased smaller volume of blood cannot absorb the necessary amount of oxygen. Transfusion restores circulation, raises and maintains blood pressure in these cases of shock and loss of blood. In pre-operative treatment of jaundiced patients, a transfusion will shorten the coagulating time of blood. Patients suffering from secondary anaemia may be transfused before or during an operation to help lessen shock.

When a patient is in need of a transfusion, the first consideration is a "suitable" donor. This person is sometimes found among the patient's relatives, if not, there are professional donors available. Blood from the patient and the donor must be typed or grouped as one of the four groups in the Jansky classification. In this classification, Type I is the universal donor. Type 4 is the universal recipient, while Types 2 and 3 cannot be combined. Hence we must secure a donor of the same or a compatible type. The typing is done by using a known sera to determine the group. The second test is that of mutual agglutination. If the recipient's serum does not agglutinate the donor's corpuscles, the donor is "suitable."

Until recently, transfusions were usually done by taking the blood from the vein of the donor and putting it immediately into the vein of the recipient by a syringe method. This necessitates having the donor and the patient in the same room. The blood must be used immediately or it will clot, so it cannot be taken from the donor until the patient shows definite signs which indicate the necessity of an immediate transfusion. If this occurs during the progress of an operation, serious complications may result. The donor is possibly a relative. The sight of the recipient whose condition is serious, the appearance of his surroundings and the pungent odour of ether, would shock a normally strong, healthy person, so he too would need some attention. The surgeon and anaesthetist are under an added strain due to the patient's condition, and have a still further strain as assistants must be released from assisting with the operation in order to give the patient the required blood by means of a direct transfusion.

In order to overcome these difficulties, the patient is now given blood by an indirect method. This is to the advantage of the patient, as the blood can be given when most needed without

delay. The surgeon can have the desired assistance of his operating room staff. The donor need not be in the same room as the patient, as the blood is taken preferably before operation, when there is no confusion. Blood taken in this way may be transported, if necessary, to a distance.

The procedure for taking the blood is very simple. The donor lies in a recumbent position. A blood pressure cuff is applied to the upper arm. The arm is prepared with iodine and alcohol, draped with sterile linen and placed extended on a sterile table. The sterile table also holds the following equipment and supplies for the procedure:

Gauze
Hypodermic syringe and needles
Small beaker with novocaine ½%
Small scalpel
Kalisky needles (two)
Rubber connecting tubing, 2 pieces, 2 feet and 3 feet in length
Large beaker, with 100 c.c. of 2½% sodium citrate
Flask 1000 c.c., graduated from the base in 100 c.c.
The sterile rubber tubing must be absolutely clean or new.
The sterile sodium citrate may be purchased in 50 or 100 c.c. ampules.

In case the patient's vein is too small to penetrate with a Kalisky needle, the vein must be exposed by incision and the following additional equipment will be needed:

Aneurism needle
Straight and curved transfusion scissors
Mosquito forceps (three)
Small thumb and tissue forceps, plain, with catgut for ligature
Canula
Silk, on skin needle, for closing incision.

The 1000 c.c. flask has an opening at the base to which a rubber tube is connected. This tube is securely clamped and encased in a sterile cotton bag. The cork in the neck of the bottle is rubber with two openings. An L shaped glass tube passes through one opening, one end being long enough to go through the cork, the other end attached by three feet of rubber tubing to the suction machine. There is a long glass tube through the other opening, which reaches almost to the bottom of the flask. This tube is called a Harris dropper and enables you at all times throughout the transfusion to see the rate of the blood flowing into the flask. The end of the glass tube protruding through the cork is connected by two feet of rubber tubing to an adaptor and a Kalisky needle. If a suction machine is not available, the blood may be taken with 50 c.c. syringes.

Procedure is as follows: the blood pressure cuff is pumped up until it registers about 70 m.m. mercury and held there throughout. This compresses the veins without interfering with the radial pulse. The most prominent vein in front of the elbow is used and the skin and subcutaneous tissue above it injected with ½% novocaine. The suction machine is turned on, registering 1½ to 2 inches vacuum. The equipment is checked as the Kalisky needle is held in the beaker of 2½% sodium citrate and the citrate drawn through the Harris dropper into the flask. The skin is punctured with a scalpel where the novocaine was injected and the Kalisky needle is put into the dilated vein. As the suction machine creates a vacuum in the flask the blood is drawn off in a steady stream. It, too, passes through the Harris dropper and so through the sodium citrate solution in the bottom of the flask. When 500 c.c.'s of blood have been obtained, the pressure in the blood pressure cuff is released and the needle removed from the vein. The cork and glass tubes are removed from the flask, and the flask is now covered with a sterile pad and se-

curely tied. The donor has a small temporary dressing put on his arm, and is given a stimulant.

The flask containing the citrated blood, must be clearly labelled, giving the donor's name the recipient's name, date taken, type of blood. The flask is then placed in the refrigerator until needed. This blood may be kept for some weeks without danger of contamination if the temperature remains constant, at about 40°F.

The patient in need of a blood transfusion must be prepared to receive the blood. Whether the recipient is a medical patient, whether he is being prepared for operation by building up the haemoglobin content of the blood, or whether the blood is to be given during the operation to help counteract shock and loss of blood, the preparation of the patient is the same. A vein, either in the arm or the ankle is exposed by incision and a canula is tied into the vein. Through this, the patient receives normal saline until such time as the blood is required. The rubber tube at the base of the flask of citrated blood is connected by a Y tube to the intravenous tubing. The flow of saline is clamped off and the blood is allowed to run into the vein, the flow being controlled by a regulating clamp.

When citrated blood is used, the citrate disappears rapidly from the circulation and the patient suffers no toxic reaction and coagulation time is not prolonged. Occasionally the patient may have a slight chill or rise of temperature after a transfusion, but this is not any more common with indirect tranfusions that it is with direct. With citrated blood, the flow into the vein can be regulated to the patient's requirements, without fear of clotting and without risk of giving blood too rapidly.

A patient suffering from the sudden loss of a large amount of blood, whose condition requires that he be kept warm and very quiet in case of subsequent haemorrhage, benefits greatly by an indirect transfusion. He does not need to be moved, an intravenous of normal saline may be started at once, and very shortly after a suitable donor has been obtained, the citrated blood will be available and can be taken to the patient. When in need of blood before undergoing an operation, a patient is not nearly so apprehensive if he can remain in his bed, in his own room, and have citrated blood brought to him, rather than taking him to the operating room and subjecting him to the procedure of a direct transfusion. When blood is required during or immediately after operation, the exact time cannot be forseen and many unhappy complications can be avoided by using citrated blood as well as the confusion and inconvenience caused in giving a direct transfusion. The advantage to the donor is the complete elimination of the danger of infection should the recipient have a blood stream infection. Indirect transfusion of citrated blood, whether the blood is taken by syringe or by suction, has overcome many of the difficulties and dangers of direct transfusion.

A New Venture

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It was my very great privilege to be included with Miss Kathleen Sanderson in the first Travelling Unit sponsored by the Registered Nurses Association of British Columbia. When contemplating the proposed tour many queries came to our minds—how would we be received? Would we be of any material help to those with whom we came in contact? And would the tour be productive of new ideas and afford a broader scope for future units? It is interesting to look back upon our few weeks of travel and in retrospect to recall the centres visited and the varied and lasting impressions made upon our minds.

The Travelling Unit

We set out upon a glorious day in October. The weatherman, at least, seemed to be all in our favour. We were armed with extra copies of *The Canadian Nurse*, literature on the forming of the Cancer Societies which we had been asked to circulate by the Committee, medical posters and a very weighty and impressive sound projector, loaned to us by the Vancouver Health League, with which we hoped to show the Provincial Government's film depicting serum therapy in pneumonia. The drive through the Fraser Valley to Chilliwack was most enjoyable. We realized what a very lovely season of the year Fall can be, as we glimpsed the glorious autumn tints. There was just the suggestion of a tang in the air too.

Our first meeting was held in the Nurses Home of the Hospital at Chilliwack. About twelve nurses greeted us, including representatives of the public health field and the hospital staff. Miss Sanderson introduced us with a few happy remarks which immediately gained the confidence of the meeting. She explained the purpose of the tour and made it clear that we were there primarily to discuss problems common to all nursing groups. She then gave an informal talk on the highlights of the Biennial Meeting of the Canadian Nurses Association. It was intensely interesting to me and by the enthusiastic response of the meeting I can safely say that all nurses present felt the same way.

A few minutes were devoted to answering some pertinent questions in regard to *The Canadian Nurse* and urging the necessity for each nurse subscribing. I then presented a short talk on dia-

betes mellitus. The health teaching closely related to the disease was stressed as a definite responsibility of every nurse with whom the patients came in contact. Health teaching posters, kindly loaned to us by Miss Hazel Keeler of the Vancouver General Hospital teaching staff, also sample trays, which can be assembled in any home for the administration of insulin, served to illuminate the address. During interesting discussions with several of the nurses they gave us the impression that they had profited from the evening and would heartily welcome a second tour.

Encouraged by this auspicious beginning, we set out bright and early the next morning for Lytton. The interior of British Columbia is truly lovely, and the drive along the Cariboo highway through the Fraser Canyon is awe-inspiring. Very few moments passed without an exclamation from either one of us as we were overcome by the beauty of our surroundings. We arrived at Lytton at tea-time, and were most kindly greeted by the matron. The Hospital at Lytton is part of the Anglican Mission of St. Bartholomew, primarily dedicated to work amongst the Indians. They are very proud of a new hospital completed just last year, and indeed, they have reason to be. Our meeting was held in the cosy lounge of the Nurses Home, which is poised on a cliff overlooking the junction of the Fraser and Thompson Rivers. We met the four members of the nursing staff, the fifth being on duty. But if the meeting lacked numbers it lacked nothing in interest. The response was most gratifying.

On our way the next morning we drove over the notorious "washboard" Cariboo Highway, but truly we were so enthralled by the scenery that we didn't mind the bumps. The character of the landscape was changing. From tall and

Holy Cross Mountain

stately pine and fir, we were entering a rolling country covered with sagebrush and here and there, the flaming red of the sumac. It reminded one of the scenery in the hills of Wyoming.

Kamloops was our next stop and we arrived there in the late afternoon. Our meeting was held in the lecture-room of the Nurses Home. As this was the first training school we had visited we were interested to see our meeting graced with fifteen or more student nurses. The meeting was arranged by the Graduate Nurses Association of the District and was well attended, there being about seventy-five nurses present.

Miss Sanderson again gave her interesting account of the C.N.A. convention and I followed with a discussion of the newer aspects in the treatment of pneumonia. In connection with this discus-

sion we dwelt for some time on respiratory and serum therapy, illuminating our address with a showing of the film previously mentioned. This is one which was prepared, for the Metropolitan Life Insurance Company, by a Hollywood studio and, though intended primarily for lay people also stresses important nursing points. We were pleased to meet several nurses from the staff of the Tranquille Sanatorium at the social gathering following the meeting.

The next afternoon we drove the eleven miles to the Sanatorium. The assistant superintendent kindly showed us through the buildings, and in the evening we again met the Kamloops nurses, together with those from the staff at Tranquille. On this occasion Miss Sanderson discussed the points mentioned before in regard to *The Canadian Nurse*, and I gave the talk on diabetes mellitus. We were happy to find such an active nursing organization in this district and feel that it is a nucleus for much good.

The next afternoon we continued on our way to Salmon Arm. About four o'clock we stopped for tea at the delightful Sorrento Lodge on the shores of the Shuswap Lake and sat before a huge fireplace in cosy arm chairs, while through the windows our eyes caught the vista of denuded trees against a very blue lake and the early evening glow in the sky. We met the Salmon Arm nurses in the Nurses Home that evening. Approximately twelve nurses had been gathered together by the Matron of the hospital. The staff, plus the social welfare worker and some married nurses, comprised the group. We were also honoured by the presence of two doctors who had asked to be allowed to "sit in." By this time we were beginning to look forward to that period of the meeting when our formal talks ended, stray questions were put, and a really hearty discussion followed. We felt that much was gained thereby.

Our meeting at Revelstoke, a main line divisional point of the Canadian Pacific Railways was held the next evening. We met the staff nurses from the hospital in the Nurses Home. They were most attentive and seemed interested.

The next day was Sunday and represented a day of rest though, of necessity, travel. Arriving in Vernon, we began to catch glimpses of the "benches" on which fruit trees are planted. It is a more pastoral type of scenery than that further north and is famous for its beauty in blossom-time. By Monday evening we were in harness again and met the staff nurses from the hospital as well as the public health nurse, in the Nurses Home. On Tuesday afternoon I had the privilege of addressing the Nurses Club of the local High School. This has been formed in connection with the vocational guidance work. I was able to outline for them some of the interesting possibilities of nursing as a profession. They were a young and eager group of girls and most attentive. The next evening we again met the nurses, and thus in two sessions were able to present our full programme which included a discussion of the newer drugs as well as the subjects previously mentioned.

That morning we made an interesting excursion to the outskirts of Vernon to visit a potter who fashions articles out of local clay. He is a real artist in that he refuses to sell to those whose interest in his work is not genuine. His small workshop is very humble but his pottery is charming.

On Wednesday we arrived in Kelowna. The Okanagan hills and valleys are truly lovely, and I made a solemn promise to myself to revisit them when

the bloom is on the trees. Kelowna is on the shores of the Okanagan Lake and we were fortunate in securing accommodation at the picturesque lodge, "The Willow Inn." Two days were spent here and we presented our full programme again. We had such an interesting group of nurses in the lounge of the Nurses Home-staff nurses of the hospital, young married nurses and public health nurses. One Victorian Order nurse had driven in fifteen miles for our meetings. We were now beginning to expect a very friendly welcome everywhere on our travels and nowhere were we disappointed. On Thursday morning we had an interesting visit to a fruit-packing plant and were much impressed with the efficiency and care with which the fruit is sorted and packed. To the novice it is a real experience.

We crossed the Okanagan Lake by ferry on Friday morning. On the opposite side of the lake we were greeted by our little Victorian Order friend. She had invited us for luncheon at Peachland and met us to explain that she was busy with "a case" but would be along shortly. In that rather barren spot, with her sleeves rolled up and her trim blue uniform as a spot of colour, she expressed all that the Victorian Order means when it speaks of service to the public. We met her later, as arranged, and enjoyed a delicious lunch of pheasant.

Penticton was our next port of call. I had been asked to speak to the girls of grades nine to twelve in the High School on nursing as a profession and eighty young and eager faces looked up at me from the rows of seats in the auditorium. On Friday and Saturday nights we presented our full programme, held our meetings in the High School, and spoke to about forty nurses each night. Among them were institutional, private duty, public health and married nurses. Again the Victorian Order nurse in that district had driven in many miles to our meetings. On Saturday afternoon we were honoured at a charmingly arranged tea in the lounge of the Three Gables Hotel and were thus able to become better acquainted. We feel that one of the most hopeful outcomes of our tour was the plan for organization of the graduate nurses in Penticton. We are awaiting with interest further news of this venture.

We travelled into the Kootenay district by train, as we felt it would be too long and rough a journey by car. The beautiful Arrow Lakes are in view as the train weaves its way around the mountain, and again the scenery changes, and fir and tamarack are plentiful. We spent our second Sunday en route and on Monday evening held our meeting at the St. Eugene Hospital, in Cranbrook. These cities are in the centre of mountain ranges, on which, at this time of the year, the snow is low, so that we were glad of our fur coats. St. Eugene has a training school also, and we welcomed to our meeting the students of the senior year.

The next morning we travelled to Fernie. In the days when coal was the main fuel burned, Fernie was a thriving mining city. Just now it is having bad times. This fact did not affect the nature of our welcome however and we were made most comfortable in the Nurses Home. In the afternoon we addressed nurses from Fernie and the surrounding districts to the number of twenty-eight, following which we were entertained at tea. Six o'clock that evening was the hour for a delightfully arranged banquet in a local hotel. The nurses were so happy to be together that they planned, then and there, to have future meetings at regular intervals and

form study groups. An interesting feature was the announcing of the name of the Training School of each nurse present. There was a good representation of Schools in Canada, as well as one graduate from Bermuda. At the very early hour of three a.m. we boarded the train again, this time on our way home.

Our last stop was at Nelson. The president of the Graduate Nurses Association met us and made us very welcome. We held meetings in both the afternoon and evening of that day, speaking to about forty nurses and presenting practically our full programme. Our reception was very favourable and we did enjoy the hearty discussion following the last meeting. The Association at Nelson is very active and sponsors the showing of interesting films, on current medical topics, on their own machine. With a feeling of reluctance we left for home the next morning. Although the tour had been quite long enough, it had been most enjoyable. Our journey took us by train to Penticton and then by car, through the United States, over Blewett Pass.

And so ended the first educational tour sponsored by our Provincial Association. As our journey progressed, our vision grew of what such a programme might become. Everywhere we went we were given the assurance that the nurses in the out-lying districts of the Province are eager for help given in this way. One might dream of the day when a definite number of tours would be arranged each year so that each district of the Province might be visited. Suggested subjects for study, with bibliographies, might very well be sent to study groups in the various centres. From very humble beginnings, great enterprizes have come into being. Let us hope that the seed which has been sown will live to grow into a sturdy, flowering plant.

It Shall Come to Pass

These prophetic words are quoted from an article entitled "The Nurse and the Public" contributed by Isabel Hampton-Robb to the first number of the first volume of *The Canadian Nurse*:

"And after years of toil, after nurses as individuals, and as a united profession have shown themselves to be necessary for the public welfare, it will most assuredly come about that more and more people will come to the conclusion that capability in nursing does not come by chance, and that a natural liking must be supplemented by education and practical training; they will gradually appreciate the fact that a trained nurse has spent time, money and much physical effort in acquiring her education, that the mental and physical strain of the work are more arduous than perhaps any other kind of work done by women, and, therefore, that this expenditure deserves suitable recognition at their hands. Moreover, as time goes on those who were ever ready to criticize her efforts and to treat her as an interloper, will gradually learn that the world is better and happier from her presence, and that absolute perfection and flawless work should not be demanded at all times from nurses while they remain human beings."

Endowments in 1860, and in 1939

The Rockefeller Foundation has generously provided an endowment fund for the School of Nursing of the University of Toronto and it might, therefore, be possible to infer that the School is automatically relieved from all further responsibility so far as finances are concerned. Anyone who has had an opportunity of observing, at first hand, similar situations in European countries realizes that this inference would be far from the truth. The policy usually followed by the Foundation is to assist, by means of annual grants, experimental projects which appear to merit such aid. If, after a period of years, the enterprise seems to have passed the experimental stage and to have a reasonable prospect of success, the Foundation sometimes provides an endowment fund and simultaneously discontinues the annual grants. Difficult adjustments have to be made during the transition period because the income from endowment is usually not larger than the annual grant given during the initial stages. Yet, as soon as the endowment is announced, greater demands than ever are inevitably made upon the project "because it has been given all that money." In order to prevent any such misconception arising in Canada, Miss Kathleen Russell, director of the School has prepared a closely reasoned statement the text of which follows. Its clear and fearless thinking deserves the most careful critical analysis. Miss Russell makes no rash promises and holds out no extravagant hopes. She knows that the challenge of this gift must be met, partly by the School itself, partly by the nursing profession in Canada. Miss Russell and her associates will surely see to it that the School does its part. The nurses of Canada will certainly not do less.

1. The School of Nursing of the University of Toronto has run the risks of a very radical financial experiment. It established itself as an independent educational institution which has had to finance itself (in both school and residential aspects) without any dependency whatever upon a hospital, while maintaining the most advanced standards and conditions of a modern university school.

2. This has meant that an income must be forthcoming to cover all residential, administrative and school costs.

3. Moreover, all the overhead for this work has had to be carried—because of the nature of the new work, and the limitations of an inadequate building—for a very small group of resident students, and, for the most part, for a very small number of students per class. Hence all costs have been proportionately high.

4. All schools and universities (except for a very few expensive private schools) obtain only a small part of their income through students' fees. The greater part of the necessary support comes from state subsidy or private endowment. This is an accepted situation in the provision of education in our Anglo-Saxon countries, and is true of all institutions from the old universities of Oxford and Cambridge down to the smallest rural school of Canada.

5. Hence, in the establishing of itself as a real school, this new nursing school was forced to fly in the face of established procedure in nursing education in two ways, namely (1) to persuade nursing students to pay fees and costs as high as students in other professional

schools and (2) to find a large part of the necessary annual income from the usual private or public sources of supply for educational funds.

6. The University of Toronto was willing to give the school a certain support but could do relatively little to meet the total income needed by the school.

7. The Rockefeller Foundation (primarily because of its interest in the preparation of public health personnel) was willing to give the school an annual grant for a certain number of years in order that a start might be made. For these first years the Rockefeller Foundation gave a relatively high proportion of the school's income while making it clear that this could not continue indefinitely. The Rockefeller Foundation has a steadfast policy of giving only to those places in which the local group demonstrates its desire for the school in question by contributing with some degree of equality to its support.

8. As the period for which the annual grant from the Rockefeller Foundation had been promised was expiring, it was necessary to know whether all financial help from the Foundation would then cease, or whether some permanent income might be hoped for, through having the Foundation make a gift, toward endowment, of a capital sum of money. This question could be discussed only in the light of local (i.e., Canadian) attitude and action. Certainly the Rockefeller Foundation would not continue to give as large a proportion of the school's income as it had been giving; it would give nothing unless more financial help was forthcoming at home; and, furthermore, it would give nothing unless there was evidence that the school was really wanted in Canada.

9. Apparently the above conditions have been met, or there is enough hope of their being met, for the Foundation has granted a capital sum toward endowment. The income from this sum—reckoned as it must be, upon only the most conservative investments—is not large and (even with generous aid from the university) the new financing will leave the school with no larger an income than it has had. And this at a time when the school is being constantly pressed from without to expand its work (particularly on behalf of graduate nurses) and pressed from within to refine that which has been started.

10. As far as the demand upon the professional group in Canada is concerned, money is desired if any should be available, but something else much more vital is sought, namely, understanding and professional support.

11. All nursing schools, or teaching departments, in Canadian universities form one family, and not a large family considering the area to be served. Antigonish, Montreal, Ottawa, London, Toronto, Saskatoon, Edmonton, Vancouver, these are the seats of the sister schools: the health of each one is a matter of concern to all; the strength or good fortune of one can be a strength to all; a gift to one should stimulate gifts elsewhere; while at the same time the weakness of one will tend to reflect adversely upon all. These various university nursing schools are proceeding along a number of different lines, and working upon several quite distinct projects in nursing education. This is a healthy sign and, at least up to a certain point, a desirable state of affairs. *The distinctive contribution of the Toronto school is the attempt to demonstrate to the profession the possibilities of a self-controlled school for the general training of the nurse, while working out a thorough and economical training for public health nurses.* At the same time, more and

more work is being offered to graduate nurses who come from all over Canada.

12. *A Small almost irrelevant post-script.*

The original pattern of our nursing schools, namely the school established by Florence Nightingale at St. Thomas's in 1860 was, at the beginning, a self-controlled, financially independent institution. Thus, in its present form, the School of Nursing of the University of Toronto is merely returning to that original pattern.

KATHLEEN RUSSELL

A NORTHERN TAPESTRY

CECILIA JOWETT, REG. N.

Six years spent near Cochrane in the "clay belt" of Northern Ontario were a wonderful experience to me. In 1931, when the surplus of nurses, (and the depression) had created a real problem for many of us, I went North and bought a homestead of 112 acres of land and 38 acres of lake. It was a wild and lovely spot and I called it "Journey's End" for I hoped it might prove a real home and be the end of all my wanderings.

My first impressions of the country will never fade. The utter simplicity of life, free from all modern trappings, quite captivated me. Yet summer brought its troubles. Swarms of mosquitoes made life miserable and sometimes the food was so black with flies that I had to fan them away with a newspaper. Before long, however, I was able to demonstrate that there was no need for such discomfort if the right measures were used.

One of my earliest visits was to a Hungarian family, consisting of a father and mother and five children. The little house had only two rooms and the whole family slept in the same bedroom, the great feather beds, which they used as covering, keeping them warm in winter. One fine summer day I found the smiling mother mopping up the floor in her bare feet. In the little bedroom was the newest baby, sleeping like a cherub on the whitest of white pillows. His mother said, with a proud smile, "him Canadian" which was about all the English she knew at that time. Her eldest child, a girl of eleven, interpreted for her parents in all manner of conversations with the doctor and myself. She has passed her entrance examinations and has great talent for drawing. What splendid material for future Canadian citizenship!

Many of these new Canadians are most ingenious. In another home I found a bath-tub made from a great birch log. One day I saw this tub in the bedroom, with a white tablecloth spread over it and when the cloth was lifted, discovered a whole pig, cut up for winter meat. Really, in that spotlessly clean room, it seemed quite in the right place.

Some years ago, the Government sent families into this Northern area, and subject to certain requirements, provided them with farms, houses, and cattle. Some of these assisted settlers did very well, especially a Swiss family, hailing from Kitchener. Although the wife was an invalid the man and his two sons, one of whom was only eleven, soon developed a little farm which was worthy of notice.

The Red Cross Society helped me to do something for the mother who was suffering from an obscure malady of the throat, but one terribly hot day the little boy came through the bush to tell me he was very ill. His temperature was 104°—probably a heat stroke. I bathed him and made him a cool shirt out of two tea towels. He had been wearing a thick woollen sweater—the only

garment he had! He soon felt better and when he went home said, "Mother, she even washed my dirty feet"!

Poor motherless lad—his mother died the following winter, truly a martyr to the North. The doctor could not reach her because the trails were blocked with snow. The father and the eldest son had to make a rough stretcher and bring her body in on a sleigh to the settlement for burial. I watched this family for three years. The man had few implements to work with but rather than lose his crop he and his boys harvested it entirely by hand.

Surely the lives of these pioneers are the warp and woof of a Northern tapestry which, some day, will be revealed in its full beauty and completeness.

THAT FATAL CHARM!

Because our life is spent in a vain effort to persuade nurses to subscribe to a professional journal, we are naturally chagrined when we note the ease with which they succumb to the wiles of the predatory male. Gentlemanly "agents", in one disguise or another, radiate a fatal charm which we can never hope to possess. Here is the latest example of impudent fraud on the part of one of these impostors, claiming to represent *The American Journal of Nursing*. Listen to the victim's tale of woe:

A man representing himself as "Dr. X—of Owen Sound" called at my office and said that he was one of a number of young medical men working, with the backing of *The American Journal of Nursing*, on a project to raise funds to assist in sending exchange students to England. He stated that the English students who were to come were being financed by the Rhodes Scholarship Fund in England.

Slim enough information on which to rely when a two-year subscription is in question. Especially when nurses have been warned about travelling agents for nursing journals! However, I was foolish enough to pay him five dollars for which he gave me a plain receipt, without a heading. I felt I had made a mistake, telephoned to check with a medical directory—and there is no such person as Dr. X—in Owen Sound, Ontario, according to the directory.

Since then a man, who might very well be the same, has sold a subscription for an English Nursing Journal to a nurse in the city of London, Ontario, and quoted a superintendent of nurses who had never seen him.

We have a dark suspicion that before many days are over *The Canadian Nurse* will be receiving enquiries as to why the January issue has not yet reached the trusting subscribers who handed out good money to help the Rhodes Scholars—and "Dr. X—of Owen Sound."

Once more we repeat the old refrain: *The Canadian Nurse* employs no agents and offers no "bargains" or "long-term" subscription rates. So don't lend an ear to handsome strangers "working their way through college", don't look at the new moon through glass, or walk under step ladders. Personally, we do all these things with impunity—but we draw the line at opening an umbrella in the house. We find this to be definitely unlucky, and in the same category as signing on the dotted line while in a state of hypnosis.

Send your subscription *direct* to *The Canadian Nurse*, 1411 Crescent Street, Montreal. We lack that fatal charm—but you do get the *Journal* and the *Journal* does get your two dollars. Goodbye until next time.

The School for Graduate Nurses
McGill University

No news is said to be good news and the fact that there has been no report in the *Journal* from the McGill School since last June may be interpreted in this way. Those who have followed the ups and downs of the School will be interested in hearing of developments and decisions which have very recently received official approval.

The School of Nursing, the name assumed a few months ago, has been discarded in favour of the original title, The School for Graduate Nurses. To make a long story short, the University authorities in their recent discussion of the problems of the School realized as they never had before that the McGill School is the only one in Canada devoting its whole programme to the preparation of graduate nurses. The former name thus took on a new significance and the authorities voted in favour of its re-adoption.

A Standing Committee of Senate has been appointed to replace the Advisory Committee. Its function is to assume responsibility for the development and expansion of the educational programme of the School. This is a source of great satisfaction to the School and to the University. The members of this Committee are Mrs. W. L. Grant, Warden of The Royal Victoria College, chairman; Dr. J. C. Meakins, Professor of Medicine; Dr. Grant Fleming, Dean of the Faculty of Medicine; Professor John Hughes, Head of the Department of Education; and Miss Marion Lindeburgh, Director of the School. All who know Mrs. Grant will realize that her

appointment as chairman is particularly fortunate and will ensure effective representation of the School at meetings of Senate. November 18 marked a red letter day in the history of the School when this Committee met for the first time and officially assumed its responsibilities.

The Alumnae Association, through the finance committee, is now concentrating its efforts on building up a permanent Endowment Fund. The graduates of the School, spurred on by Miss E. Frances Upton, and by Miss Blanche Herman, the active president of the Alumnae Association, have opened the Endowment Fund with a contribution of $10,000. In view of the fact that they have supported the School during the past five years, this further contribution is an amazing achievement. A new chapter begins with the launching of the second campaign under the same auspices, this time to enlist the interest of influential citizens in taking up the burden of providing the necessary funds to meet current expenses of the School during the next five-year period and to build up the Endowment Fund.

Meanwhile the work of the School goes on and the thirty-four full-time students enrolled this session have come from every province in Canada. Eighteen of this group are registered in the course in Teaching and Supervision in Schools of Nursing, and sixteen in Public Health Nursing. In addition to full-time registrations, many local nurses are taking one or more courses as partial students in the regular classes.

An evening extension course in Health Eucation was given during the first term; thirty nurses from the Victorian Order of Nurses, the Metropolitan Life Insurance Company, the Child Welfare Association, the Royal Edward Institute and the City Health Department were enrolled. This widespread interest on the part of experienced nurses in securing better preparation for the teaching phases of their work is an encouraging sign of the times.

During the last week of November, Miss Frances King, Supervisor of Local Health Records, Health Department of the State of New York, assisted in a well attended refresher course dealing with records in public health nursing. The following local nurses also contributed to the programme: Miss Margaret Moag, District Superintendent, Victorian Order of Nurses; Miss Ella Binks, Miss Jean Forbes, also of the V.O.N. staff; Miss E. B. Cooke, Child Welfare Association; and Miss Mary S. Mathewson, assistant director of the School. Miss King was particularly successful in securing free and lively discussion. One of the most encouraging outcomes has been the proposal that a local committee should be set up to continue the study of new and better ways of increasing the usefulness of records.

An extension course in Ward Teaching and Supervision has become a recognized feature of the second term. It is amazing how a new crop of head nurses and supervisors appears each year for this particular type of instruction—another healthy trend in the nursing field.

On the whole 1939 augurs well for the School for Graduate Nurses. Although the University is helping to enlist interest and support, the Alumnae Association still carries the responsibility of the financial burden and the problem of securing an Endowment Fund during the next five years. The way may be long and arduous but with dauntless determination and courage this goal also will surely be reached.

MARION LINDEBURGH

THE EDITOR'S DESK

A Turning Point

From an historical point of view, this issue of the *Journal* will some day prove to be particularly valuable. By a happy coincidence, it contains statements, prepared independently, by the director of the School of Nursing of the University of Toronto and the director of the McGill University School for Graduate Nurses. Both these Schools happened to arrive at an important turning point at about the same time, and we are fortunate that Kathleen Russell and Marion Lindeburgh are willing to tell us what is in their minds at this critical juncture. Both of them give a clear picture of the work which is being done under their direction. No emotional appeal is made, and the approach, in both cases, is entirely objective. Indeed there is no need of exaggeration. Nurses who read and think already know something of the contribution that these two Schools have made to nursing education. Deliberate understatement cannot hide a magnificent achievement.

Miss Russell reminds us that the destinies of all departments and schools of nursing in our Canadian universities are linked together. In spite of a diversity of aims, their primary purpose is essentially the same and they have in common, one fundamental need which must be fulfilled if they are to live and prosper. Miss Russell herself defines that need in these words: *Something vital is sought, namely, understanding and professional support.*

"A New Venture"

The history of nursing in Canada is being made so rapidly these days that those whose duty it is to write it are going to be kept busy. Even so ephemeral a chronicle as this *Journal* has to quicken its pace to keep up with the procession. The latest new departure is the experiment described in this issue under the caption of "A New Venture". The Registered Nurses Association of British Columbia courageously decided to extend its benefits to nursing groups which otherwise might not benefit from them. Read the article and learn who made a journey—and why. Does *your* Provincial Association do anything like this?

Teachers—and Nurses

Gone are the days when nurse and teacher grimly defended the debatable frontiers of their respective "professional fields". School nurses know more about education these days — and teachers know more about public health. All this by way of introducing an excellent article, by Elizabeth Earshman, which appears in this issue under the caption of "Changing Aspects of Health Teaching". A school principal was so impressed with Miss Earshman's presentation of the case that he asked that it be published in a magazine devoted to education

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Hospital Meals

Nurses can learn a lot from dietitians, and not only about food, either. In her article on "Those Hospital Meals", Miss King defines some principles which apply to hospital management in general.

SHE FOUND TIME!

The last fifteen years have seen a tremendous increase in the number of welfare organizations in Canada. In the early days, nearly all their officers gave their services on a voluntary basis and if a census were taken, it would contain the names of many nurses.

The record of Miss Florence Robertson, of Winnipeg is a conspicuous example of untiring service which neither asked nor expected any other reward than the privilege of serving. *The Winnipeg Free Press* has this to say about her:

Anyone who has ever been inveigled into being secretary of anything understands at once that the job is at once the most thankless and the most strenuous that can be undertaken by that portion of humanity ill-equipped for getting out from under. It was in 1923 that Florence Robertson undertook the secretaryship of the Central Council of Social Agencies, and she has practically never had her pen out of her hand since. This year she lays it down as the Council puts in a paid staff. Miss Robertson's long service is a notable one in the annals of Canadian social work and upon it more than any other one thing has depended the continuity of endeavour which has marked the Council and which finds it now in a position to go forward with scarcely a difficulty into its new field with a trained paid staff—a change, by the way, which Miss Robertson has long advocated.

Miss Robertson has taken post-graduate courses in obstetrics and pediatrics and in social science. She is an active member of nursing organizations and has somehow found time for many other interests. For some years she has been a valued member of the staff of the Medical Department of the Winnipeg public schools. In other words she is a Winnipeg school nurse—a job which would fill the waking hours of most of us. But she found time!

OIL AND MUSTARD

At a lecture delivered not long ago by a prominent heart specialist the speaker, while mentioning some of the things which might be done to relieve chronic heart cases, said: "Mustard pastes give relief, and I am sure you have been taught always to use oil or vaseline on the part first". There was almost a gasp from my pupils, and I replied: "I am sorry, but considering this procedure to be on the same principle as whipping a horse while holding him in, that is exactly what I have taught them *not* to do. Is that principle still being taught in schools of nursing?' 'He answered, "Oh, yes!"

The next morning, in class, we made the following test; one of the pupils, who has a sensitive skin, offered her arm for practice and we made a two-by-four mustard paste, vaselined *half* that part of the upper arm where it was to be applied, and put it on. After twenty minutes, the whole surface was equally red. The paste was removed and the part watched carefully. In two hours, the surface where the vaseline was, had become normal in colour, while the remaining surface remained red for forty-eight hours.

This was interesting, and appears to show that when orders are given for repeated applications it *is* well to oil the part—but not otherwise. What do you think about it?

M. Louise Parker, Reg. N.
Director, The Association of Trained Attendants for the Province of Quebec.

Changing Aspects of Health Teaching

ELIZABETH A. EARSHMAN

Public Health Nurse
Board of Education, Belleville, Ontario

Our educational system as one of the major public services, has expanded in response to increasing needs, and has augmented its traditional offerings with a variety of services that extend far beyond the boundaries of former ideas of the school's function. Among the earliest health services added was that for the control of communicable disease, but to-day these services have been extended to include the discovery of defects, the promotion of their correction, the supervision of the sanitation of the school plant, and an interest in the establishment of satisfactory health practices by the children. In this period of expansion of school services, the problem of health education has received increased attention, largely because of the recognition of the social necessity of insuring the maintenance of the physical well-being of every child. In spite of all that has been done, evidence is constantly before health and educational authorities of the need of a change of programme from one that is largely corrective and palliative to one that is positive and constructive—a programme that will insure the development of a mode of life which makes it possible for larger numbers to build a positive mental and physical health with an abundance of strength and energy, and a strong resistance to disease, resulting in fewer with fragile personalities and weak physical bodies. Educational theorists have supported the view that physical, mental, emotional and social health determine the quality of all education.

Out of the widespread current movement for educational reconstruction, then, there has emerged a curriculum in which health is to be the corner stone upon which the school day is built. The builders of the new curriculum are convinced that more important than any programme of health instruction, or any organization of medical, dental, or nursing services is the provision for healthful school living. Healthful school living means first the provision of a wholesome, safe and sanitary school environment that will provide opportunities and experiences for the child to be voluntarily co-operative, and, as far as possible self-directing in every health procedure. It means the organization of a healthful school day to include all those interests that are associated with physical activity, rest and relaxation. It means the establishment of those pupil-teacher relationships that are favourable to the best development and living of pupils and teachers. It includes also, all the learning experiences of the day which favourably influence habits, attitudes and knowledge relating to the health of the individual, the family, and the community.

The goal in all health teaching is to be what the child does, rather than what he knows about health. In the development of habits, doing by the child is more important than telling by any teacher. Whereas, in the past, the weakness of health teaching was the failure to recognize the need of grading materials and presentation in keeping with child growth, modern health education organizes and plans, grade by grade, in keeping with the developing life of the child. So he passes naturally from the junior grades, where the acquisition of certain health habits makes it possible

for him to enjoy happy membership with others of his school group, to the intermediate grades where he acquires better techniques of carrying out health practices and becomes more self-directing. The health instruction he gets is indirectly given through correlation with other work, and by means of enterprises and other activities. By the time he reaches grades five and six, he wants to know why these habits are of use, and the greatest contribution the teacher can make to the child at this time is to direct his thinking so that he will question dogmas and seek to test information scientifically and experimentally, for health teaching seeks to bring the practice of living in line with changing scientific discoveries.

When the child reaches grade seven or eight, he has spent about six years in the elementary school during which time emphasis has been placed on the development of desirable health habits. By grade seven the emphasis may well be shifted to increased responsibility in the solution of personal health needs, harmonious co-operation with others in group activities, and a scientific knowledge of the body functioning and care. When grade eight is reached it should be apparent to the child that the health of the individual is inextricably bound up with the health practices, health knowledge and health attitudes of others, so by this time health teaching should emphasize community efforts toward health. To many, grade eight will be the last of their school experiences, so that it seems essential that they should leave school possessed of that education for living which is founded on sound health practices, based on scientific knowledge and alert to the community resources for the maintenance of health.

To acquire such a foundation of healthful living, the practice and study of health must, from the first, have formed part of the everyday life of the school. The responsibility for this lies solely in the hands of the classroom teacher whose influence on the child's health behaviour is second only to that of the parent.

Does this increased responsibility for health teaching on the part of the teacher, then, mean that there is a lessening need for the services of the school nurse? Formerly the implication was that health was given separate consideration, that the service of doctors, nurses and dentists was attached to, but not a part of the rest of the educational programme. The new curriculum tends to plan on an educational basis the effective co-operation to be rendered by health specialists so that they function as an integral part of the school staff. The opportunities of the nurse in school today are greater and more challenging than ever before in the history of school health work. But, to make the most of her opportunities she must have an intelligent appreciation of the philosophy of education that our school system is accepting as the basis for the revision of its curriculum; she must know its philosophy and aims in regard to health education; the place health education has in the general education programme and where health services function in that programme. She must also know the techniques of modern education so that her own educational practices will coincide with those of the other school personnel.

The nurse, being herself primarily an educator with a special background in the field of health, ought then to be able to successfully co-ordinate school health with the public health work of the community. Recognizing that she is engaged in the most potentially far-reaching and constructive phase of the public health programme of the com-

munity, she will establish early and close contacts with the organized health department, not only as a means of instituting measures for the protection of the school but to gather suggestions on basic problems that may be incorporated into the learning of children.

While the nurse assists the school in arranging for health examinations of the children, she bears in mind that correction of defects is no longer the most important objective of the examination, but that it should have as its primary purpose an educational experience, with the hope and plan that it may become a regular part of the family health programme.

In all contacts with the children, the nurse aims to be an example of health, and plans ahead to make all these contacts as meaningful as possible.

If the nurse is familiar with educational techniques, she will be able to assist the teacher in incorporating health knowledges, habits and skills into the curriculum easily and naturally. She should take time to visit the classroom as an observer to learn as much as she can about the way the teacher organizes the school day, and to find out in what educational activities the children are engaged, asking herself if there are possibilities in this particular enterprise for health instruction. The more familiar the nurse becomes with the actual room activities the more assistance she will be to the teacher in enriching her curriculum with health content. School nurses might well keep a file of enterprise materials to which they are able to refer the teacher on a moment's notice. The nurse no longer gives isolated health talks unrelated to the work of the pupils as she goes from grade to grade. The continually improving school nursing personnel are now able to undertake the more difficult task of furnishing that stimulation and encouragement which the children so much need by supporting the programme which they have under way at the moment.

The nurse also should keep the school informed on current scientific discoveries significant to an understanding of child problems. She frequently may pass on to the teacher the knowledge she has gained from her first-hand field experience with local conditions.

The school nurse who has learned the technique of working with teachers has at hand in that nurse-teacher relationship a powerful factor in the health education programme. At the beginning of each year, the attention of the school might be called to the value of an early inventory of health needs as a basis for a constructive programme for the year. On the basis of this health inventory the nurse may intrepret the constructive work that needs to be done, especially calling attention to the importance of having the understanding and co-operation of the child when possible and advisable.

The nurse contributes all data possible on the health history and status of each pupil as a part of the cumulative record which shows all phases of his growth and development, and which accompanies the child throughout his school life. Usually the teacher knows the pupil for only one term, while the nurse sees him in all environments from year to year. This shared information makes possible a better planning for improvement of physical status, for more authentic knowledge and for practice of more desirable habits and attitudes toward health. As these histories grow, graphs or charts may be prepared to help the school to see its health needs, its progress, and the problems on which special emphasis may be indicated. The school may grow in its awareness that health is associated with all phases of its programme.

The health teaching programme of the new curriculum should extend its influence in two directions—downward in the interest of the young children who represent the future school population, and for its own effectiveness it needs to establish contacts with adult health education groups in the community. When the nurse is asked to speak to parents she presents to them a practical health problem with which parents are concerned and in relation to which she can paint a clear picture of the health programme of the community, the schools and the homes.

Some one has said that the school nurse in the modern health education programme can only go as far as the school superintendent's vision will allow her to go. Alas! there are still principals who say "My teachers do not do the weighing, and measuring and class room inspections, we have a school nurse who is supposed to do that!" On the other hand Miss Chayer says "the place of the nurse in modern school health work is circumscribed only by her own personality, vision and preparation."

Editor's Note: The content of this article was originally presented in the form of an address given at a Refresher Course held under the auspices of the School of Nursing, University of Toronto, in October, 1938.

OBITUARIES

LUELLA EUPHEMIA DENTON, M.B.E., A.R.R.C., died on December 4, 1938, at the home of her sister, in Vancouver, B.C. Until shortly before her death Miss Denton was for twelve years the Matron of the Lady Grey Hospital, Nipawin, Saskatchewan. In this capacity she did most valuable work and her death is much regretted by the community which she served with such unselfish devotion. Miss Denton also served overseas with distinction during the Great War.

CAROLYN E. GRAY died suddenly at Miami, Florida, on December 29, 1938. The nursing profession at large has sustained a severe loss in the passing of this able administrator and educator. One of the most outstanding achievements of her whole career was the reorganization of the nursing service and of the School of Nursing of the City Hospital, New York, under conditions which would have daunted a less courageous spirit. In addition to many other professional activities Miss Gray also found time for authorship. In collaboration at first with Miss Kimber and later with Miss Stackpole, she was the author of the textbook on anatomy and physiology which has become almost a classic both in the United States and Canada.

Miss Gray was a woman of strong character and sterling integrity. Those who had the privilege of being her friends knew that beneath the quiet reserve of her manner there was a generous nature and a loyal heart.

AMY MACNISH died suddenly in the North Vancouver General Hospital on December 29, 1938. Miss MacNish was a graduate of the School of Nursing of the Royal Victoria Hospital and a member of the Class of 1911.

STUDENT NURSES PAGE

A Spotless Reputation

ALICE MICHIYO UYEDE

The author of this article is a young Japanese student nurse who entered the School of Nursing of the Vancouver General Hospital in September, 1938. The experiment she describes was carried on under the general direction of Miss Hazel Keeler, a member of the teaching staff in that School.

What do we as nurses admire, respect, and strive for most? Would you not say a spotless reputation—not without perhaps an element of doubt as to its possibility. However, if and when attained, we know it proves to be of great value both materially and professionally, and consequently well worth the struggle necessary for its achievement.

We proved this to be true about hospital linen. Stains on linen are to a certain extent unavoidable in a hospital, and when we hear of the cost of replacing linen which is not really worn out, but merely badly stained, we realize the great importance of knowing just how to overcome this financial loss. Once fixed, by an alkaline medium such as soap solution, stains cannot be removed. We all know this to be true and therefore what we do must be done before sending the linen to the laundry.

By a simple practical method of experimenting with stains and their removal, at a minimum expenditure of time and material, we were able to foresee the spotless reputation of our future linen, thereby relieving, if only in part, some of the heavy financial burden shouldered by a hospital as large as our own. We think too, from a purely aesthetic standpoint, that unstained linen not only appeals to our housekeeping sense, but also by a psychological reaction, creates a favourable impression on our patients and visitors, thus adding to the high standard which we wish to maintain in our hospital.

The idea first started in a chemistry lecture, when like a thunderbolt from the heavens ,an assignment was dropped in our midst to the effect that a complete chart of the various drugs, disinfectants, and antiseptics which we were studying at the time, along with the removal of their stains, was to be made. Altogether there were about twenty-five different stains, including such well-known ones as argyrol, silver nitrate and mercurochrome. Naturally this sounded quite impossible and altogether too time-consuming but by organizing our work and evolving an efficient system, we completed four very presentable charts—very colourful and not at all unimpressive, we thought proudly.

Our class as a whole was divided into four groups of seven or eight students,

the separate groups being responsible for one finished chart. Thus each student, within a section was assigned three or four specific stains and their removal. This simplified matters considerably and made our procedure very easy and much more interesting. Many of the students managed to get their stains done between lectures. The procedure which we followed was really quite elementary. First of all, we obtained some old linen, and cut pieces from it, two inches square. For each stain on our list, we made two, as neatly as we could, then by using the various solvents and solutions found in the Chemistry Laboratory, we removed one of the spots. When these were dry, we pasted the squares of linen—one "before" and one "after" the removal of the stain—side by side, on the chart, labelling the agent which caused the discoloration. Underneath, we reported what we had found to be the best possible method of removal.

Not all the blots were easy to remove—in fact many of the most common stains found on the wards, such as gentian violet and iodine proved to be the most difficult. However it was encouraging to us to find that scarlet red, hitherto thought of as a permanent blemish, since it, unlike the usual coal-tar dyes, cannot be removed by Dakin's solution, could be entirely removed by employing carbon tetrachloride or ether. Cod liver oil and honey ointment dissolved readily in ether; and argyrol came out nicely with mercuric chloride; metaphen with boiling water; blood with cold water and soap; ink stain and mercurochrome with Dakin's solution; picric acid with ammonium hydroxide followed by warm water; iron rust with diluted hydrochloric acid or oxalic acid; silver nitrate with iodine and ammonium hydroxide; paint with turpentine; and grease spots with alcohol.

If we had had more time, we might have experimented further to find the strengths of the stain removers which gave the best results, but as it so happened we felt unusually pleased by the satisfactory findings obtained, hence left them "status quo". From our experiment we derived an immense amount of valuable knowledge and information and also a great deal of fun and enjoyment into the bargain. We certainly did combine business with pleasure. By actually carrying out an experiment such as this, and applying our knowledge of chemistry, we felt that we had gained much in appreciation of the theory behind the practice. It will, without a doubt, remain more firmly fixed in our minds than if it were memorized.

Although it may not be possible to remember all the stains with which we dealt, we at least will not forget those for which we were individually responsible. And at any time when it is necessary to remove stains from bed clothes, carriage covers, or any other linen, we can always refer to our charts.

Two, out of the four completed charts, are now used on the wards and another is kept for Nursing Demonstration purposes. The last one hangs modestly in the chemistry laboratory, the only reminder of a scene where we spent a few hectic days. It certainly personifies the rainbow after the storm—a promise for the future. Later we were delighted to learn that the best chart reached fame and glory by travelling to the convention of the British Columbia Hospital Association in Victoria.

Realizing that we are still probationers and that our effort in making these charts was perhaps a mere detail in the "big run" of things, nevertheless we humbly feel that however little it may be, we did contribute something to the "spotless reputation" of hospital linen.

Notes From the National Office

Contributed by JEAN S. WILSON,

Executive Secretary, The Canadian Nurses Association

The final quarterly meeting of the Executive Committee of the Canadian Nurses Association for 1938 was held in Vancouver on December 3rd. Those present were Grace M. Fairley, President; Margaret Kerr and Margaret Teulon, Chairmen of the Public Health and Private Duty Sections (C.N.A.) respectively; Margaret Duffield, Anne Cavers, Mary Henderson and K. Ethel Gray, Councillors, representing the British Columbia Registered Nurses Association; and Kathleen I. Sanderson, Honorary Secretary.

The Executive Secretary reported cancellation of the current lease on Suite 401, 1411 Crescent Building, Montreal, and a three-year lease commencing October 1, 1938, secured on Suites 401 and 402 and the office of *The Canadian Nurse* removed to Suite 402. This arrangement provides adequate space for National Office and for that of *The Canadian Nurse*.

Committees

The Executive endorsed the proposal from the Alberta Association of Registered Nurses that the Convener of the *Committee on Arrangements* for the General Meeting in 1940 be Miss Kathleen Connor, Matron, Central Alberta Sanatorium.

The President, as convener of the *Programme Committee*, reported that the chairmen of the National Sections and the convener of the National Committee on Education had been asked to suggest the topics which they wished included in the programme for 1940; the Section chairmen were also asked to soon state the amount of time each shall require for their respective programmes.

A number of special committees were unable to report progress beyond the appointment of members. The convener of *the National Committee on Education* submitted proposed objectives of this newly created body. These objectives, approved by the Executive Committee, are: (1) To stimulate interest and secure the co-operation of all members of the Canadian Nurses Association through the three National Sections in promoting sound standards of undergraduate and post-graduate nursing education in Canada; (2) To assume responsibility for the study of educational problems and to recommend adjustments which will meet the changing needs of nursing service in all fields; (3) To carry out any educational project which may be assigned to the Committee by the Canadian Nurses Association.

This Committee consists of the convener and the chairmen of the three National Sections. The Committee may be augmented in numbers from time to time when special projects are undertaken by the appointment either temporarily or permanently of additional members. The same general plan of provincial organization, as that connected with the former Curriculum Committee is adopted. Each Provincial Sub-Committee on Education consists of the Provincial President, as convener, together with the conveners of the three Provincial Sections. It is recommended that the School of Nursing Adviser of the Province be made a member of the

Provincial Sub-Committee. These sub-committees are to co-operate with the National Committee in assuming responsibility for work assigned to them by the former and by keeping the National Committee informed of any particular educational needs or problems within their respective provinces which may become the responsibility of the National Committee on Education.

In reply to a number of questions from the *Committee on Eight-hour Duty for Nurses*, the Executive expressed the opinion that the objective should be the securing of a ninety-six hour fortnight rather than a forty-eight hour week; that time to attend lectures should be included in the period on duty and that the straight eight-hour duty period be recommended with broken periods to occur not more often than four times in any fortnight.

The Exchange of Nurses Committee reported that arrangements had been made with the Director of the School of Nursing of the Vancouver General Hospital for a member of the New Zealand Registered Nurses Association for a period of experience in operating-room technique. Also that plans were in process of completion with the Director of Education, College of Nursing, London, England, for two members of the Canadian Nurses Association who had asked for assistance in securing observation periods in Great Britain.

Provision was made for meeting of travelling expenses whereby the convener of the *History of Nursing Committee* may secure the attendance of a non-resident member when considered necessary for a meeting of this Committee.

An invitation was received from the Association of Registered Nurses of the Province of Quebec for the Association to hold the General Meeting, 1942, in Montreal. That year is to be fittingly celebrated as the Tercentenary Anniversary of the founding of the City of Montreal and the arrival of Jeanne Mance, Founder of the Hotel Dieu Hospital, Montreal, and Canada's first nurse. This invitation will be referred to the official delegates at the General Meeting in 1940 with the Executive's recommendation that it be accepted.

A vote of thanks was passed, expressing the appreciation of the Association to Miss Gertrude Garvin, of Ottawa, for her personal interest in the Nurses National Memorial and the arrangements for the annual service on Remembrance Day, over a period of years. As Miss Garvin had expressed a desire to share this honour of representing the Association at these ceremonies, the Executive decided that in future the Association should be represented by an elected officer of the Canadian Nurses Association, the President of the Registered Nurses Association of Ontario, or the Chairman of District No. 8 of the Registered Nurses Association of Ontario.

Sections

The *Public Health Section* report showed that each provincial section has a well organized programme under way. The Section in British Columbia appointed a committee which is making a study of the inter-relationship between public health nurses and social workers. Each provincial section supplied the National Chairman with information which was required to complete a questionnaire received from the convener of the National Committee on Education (C.N.A.); some interesting facts were collected which indicate the need for greater opportunities being made available to nurses who wish to obtain preparation in public health nursing.

The *Private Duty Section* announced the appointment of conveners for two standing committees: Miss Theresa Greville of Winnipeg, convener of the Education Committee. This committee prepared an interesting programme which should serve as an excellent guide to groups of private duty nurses throughout Canada. Miss Madalene Baker of London is convener of the publications committee. In British Columbia, private duty nurses arranged for several lecture courses; many in Vancouver attend the course on psychiatry and mental hygiene which is sponsored by the Health and Welfare Group. In Manitoba, the private duty nurses in large numbers took advantage of a refresher course under the direction of the Provincial Association, while in Ontario the private duty nurses are studying the question of the supervision and classification of their group.

Survey Reports

Following the dissolution of the National Joint Study Committee of the Canadian Medical Association and the Canadian Nurses Association, the supply of copies of the Survey Report of Nursing Education in Canada remaining on hand was shipped to the National Office of the Canadian Nurses Association. Anyone wishing to secure a copy of the Survey Report should soon send the order to the Executive Secretary, Suite 401, 1411 Crescent Street, Montreal. The price is reduced to one dollar per copy.

Nightingale Memorial Fund

Contributions to the Florence Nightingale Fund have been received from:

Alberta:

Graduate Nurses Association, Lethbridge	$10.00

British Columbia:

A.A., St. Paul's Hospital, Vancouver	10.00
Graduate Nurses, Fernie	10.00
Graduate Nurses of St. Paul's Hospital, Vancouver	15.00
Nursing Staff, Chilliwack Hospital, Chilliwack	7.00
Miss E. Paulson, Kamloops	1.00
A.A., Royal Jubilee Hospital, Victoria	15.00
Student Body, St. Paul's Hospital, Vancouver	10.00

Nova Scotia:

A.A., City of Sydney Hospital, Sydney	5.00
A.A., Victoria General Hospital, Halifax	10.00
Cape Breton and Victoria Branch, R.N.A.N.S.	10.00
Lunenburg County Branch, R.N.A.N.S.	5.00
Pictou County Branch, R.N.A.N.S.	5.00

Ontario:

A.A., St. Joseph's Hospital, London	10.00
A.A., Woodstock General Hospital, Woodstock	5.00
Graduate and Student Nurses, Toronto East General Hospital, Toronto	10.00

For the convenience of contributors to the Fund, the name and address of the representative of each Provincial Association to the Florence Nightingale Memorial Committee of the Canadian Nurses Association appears below:

ALBERTA: Miss Gertrude Allyn, Royal Alexandra Hospital, Edmonton. BRITISH COLUMBIA: Miss Elizabeth Stoddart, 3042-12th Avenue, W., Vancouver. MANITOBA: Miss Ruby B. Dickie, 103 Chestnut Street, Winnipeg. NEW BRUNSWICK: Miss Edna Dickson, Lancaster (Veterans) Hospital, West Saint John. NOVA SCOTIA: Miss Muriel Graham, 413 Dennis Building, Halifax. ONTARIO: Miss Agnes Neill, Toronto General Hospital, Toronto. PRINCE EDWARD ISLAND: Miss Mae King, Charlottetown Hospital, Charlottetown. QUEBEC: Miss Norena Mackenzie, Jeffery Hale's Hospital, Quebec. SASKATCHEWAN: Miss Ruby M. Simpson, Department of Health, Parliament Buildings, Regina.

Those Hospital Meals

HELEN W. KING, B.Sc.
Dietitian, Royal Columbian Hospital, New Westminster

So much is said about hospital food that the subject has become almost hackneyed. But while we all realize the importance of good food, how many of us consistently have it? I do not mean passable meals and few complaints, I mean really excellent food. When we think of the hospital family as being made up of the sick and the well, of people of every age, of many racial and religious groups, and add to this restricted finance, equipment and staff, we realize that the dietary department must do very careful work to satisfy them all. Serving first-class meals is the one criterion of good hospital service that every person understands. Meal time is an event in the hospital. In addition to providing service it is expected to be one of the amenities of life. Our personnel and patients feel very much towards the meals we serve them, as we do when we go to a restaurant. If each dish is not perfect we are disappointed.

While it is not my purpose to try to persuade every hospital that it has need of a dietitian, every dietary department needs an efficient person in charge, and one of the advantages of having a dietitian in this capacity rather than a nurse is that any nursing emergency would not take her away from her work. The dietary department must not be left an orphan. It can only produce good food if it is a well organized department, and it can only be a well organized department if it has an executive in charge.

If you want a well managed kitchen you cannot leave it in the care of the cook. There must be someone in command who has more vision, knowledge, and sense of responsibility, because she will have charge of the goods and services for which you spend twenty-five percent of your budget. She must be capable of organizing and maintaining so important a department as the dietary which, three times a day every day, in every hospital, comes into the limelight.

Your kitchen employees unconsciously reflect the ideals and attitudes with which the person in charge approaches her work. Her mental attitude must be good and she must have a sincere conviction of the worthiness and importance of her work. One of her first qualifications is that she should know good food. It is amazing to find many people, engaged in the preparation of food, to whom badly cooked, poorly flavoured food is quite acceptable. They apparently do not know what good food is. Such things as flavour, temperature, colour, and texture should be just as vital to the kitchen staff as the sponge count is to the operating room staff. The secret of success is perfection of detail, and the manager of any successful enterprise must necessarily be exacting.

Good meals do not just happen and the week's menu cannot be made in a few minutes. The dietitian must know the cost of each dish, and whether the meal will measure up to the specifications of an adequate diet. How will it look on a plate? Is the colour arrangement attractive? Is the combination of crisp and soft foods good? Is there any repetition of flavours? During the production of this day's meals, will the kitchen machinery run smoothly? Does it call for exactly a full day's work from each worker? And is its preparation distributed properly among the equipment

she has? Menu making must not become a routine procedure. Rice on Monday is no longer an institutional custom.

Another of the dietitian's first duties is to see that the quality of the food is as good as she has ordered. Many times food is partly prepared before any responsible person has seen it. It is false economy to buy substandards and seconds. You cannot make good food from poor goods. But once you have good material, do your helpers know how to cook it? The dietitian must know how to cook because she has to teach the cooks. Training her help really starts away back with their selection. The smaller the staff the more important it is to choose them carefully. Two weak workers may not be able to offset the good work of twenty-five, but two weak ones among a small staff is serious.

Then when you have employed the right person, his introduction to his work and surroundings is important. It should be both informational and inspirational. A new employee should be introduced to his fellow-workers, shown around the building and given a printed sheet showing his particular duties, telling him exactly what to do and how to do it. He should also be given a booklet which describes the policies of the institution and its rules.

If you let time and their fellow-workers teach new employees the many things they need to know, it will be too long before you can hold them responsible. I find it is much more effective to give each person his own list of regulations than to expect him to read them posted in a central place. Statistics show that labour turnover is greatest among new employees. They become bewildered and discouraged if not properly introduced to their new work. Labour turnover costs money. A constantly changing group can utterly efface the combined efforts of a capable executive, well planned equipment and good raw material.

The next step is the training of the kitchen workers. There is a new attitude in management, and that is the emphasis put upon training. You get value for the money and time you spend in training your help. Much can be accomplished by weekly conferences. Have a definite time and a definite subject for each meeting. If they are all told the same things, it standardizes your methods. I find that these meetings make it possible to point out mistakes in a less personal way. The workers are inspired to improve and come to understand that their work is important. Effort must be made to imbue every individual in the organization with an enthusiasm for his work, no matter how menial it may be. It has been said that the proper performance of the distasteful tasks is the true gauge of the executive's ability.

Then the last phase in the production of good food is constant supervision. The organization may be perfect from the standpoint of the dietitian's office, the records, the menus and the plans, but this should all be a means of seeing that good food comes from the kitchen. It is human nature to relax if allowed, and the price of success is constant watchfulness. If you are going to demand careful work you must see that you get it. The authority to issue an order carries with it the responsibility of seeing that it is carried out. Any failures must be looked upon as serious. If you will not tolerate poor cooking you will not get it.

In selecting helpers, one should first do a job analysis, visualize the job, and make out a list of the qualifications of the person who will do that work. Have the list before you as you interview them.

Does size matter? A little person has great difficulty in cleaning big stock pots. Is it brain or brawn which you most need? There is some work in a kitchen that is quite suitable for a high grade moron; a clever person would be distracted by the monotony of shelling peas or washing pans all day. But do not choose a moron for your first cook, and then complain because she does not think quickly in an emergency. One way to get the mental rating is to ask her at what age she left school, then switch to some other subject such as references and then casually ask what grade she was in when she left school. A person who at sixteen was still in public school will require more time to learn the work. Every worker must be able to read English to the extent of following written instructions. Your cooks and waiters should both look and be attractive and healthy. Sometimes nationality is important. Two workers, constantly talking some foreign language, can be very upsetting to fellow-employees who do not understand it.

Over-qualified people are not satisfactory. Stenographers and school teachers are often just filling in time and contribute to the labour turnover. If you want efficiency, the person whose only qualification is that he needs the money cannot be considered. In these days of more workers than work, suitable people are just as deserving. The hospital is not the place for those who cannot get along anywhere else. These points are all very obvious but without a list before you some are overlooked. It is also a good thing to have an application form for the employee to fill in himself as the personal questions then seem less personal.

The interview with prospective employees is very important. If you hurriedly take their names and references you know very little about them because they are under a strain and are on guard. If you interview them in a more leisurely manner and combine cordiality with business you will find out just what type of person you are employing. You can keep the interview on a business plane, and still learn that the person with the difficult disposition was ill-used in the last six places he worked. Prospective cooks are sometimes given a trade test. Some employers do not rely too much on references but take the cook into the kitchen and have her make a pie or cake. Ask some questions—whether she beats muffins and cooks meat in a slow or a quick oven. You cannot afford to be casual in engaging a cook.

So, in order to serve good food, we must remember that the converting of raw material into the finished product is a difficult art and takes skilled labour. The workers will only become skilled and maintain a high degree of experience under the direction of a person who is convinced of the importance of the work, who knows the difficulties and how to meet them, who has good food standards herself, and who has the necessary knowledge and training that will enable her to teach and inspire others.

Introducing Margaret Teulon

One of the most encouraging aspects of the nursing situation in Canada is the courageous effort now being made by private duty nurses to improve the conditions under which they live and work. A potent factor in this forward movement is the national Private Duty Section of the Canadian Nurses Association. The National Section is made up of the corresponding Sections in the Provincial Associations of Registered Nurses and thus brings private nurses from all parts of the Dominion into touch with one another.

There was a time when it could truly be said that private duty nurses, as a group, lacked both initiative and leadership. This is certainly not true to-day and by way of proof, it is a pleasure to introduce to our readers the chairman of the Private Duty Section of the Canadian Nurses Association, Miss Margaret Teulon, of Vancouver.

Miss Teulon's parentage, on her mother's side, was Highland Scottish, her father was English but had Huguenot blood in his veins, she herself was born in Manitoba, and like so many Canadians, she may well be proud that her ancestry comprises the strongest elements in our national heritage. Miss Teulon was educated in Winnipeg and took her professional training in that city. And now we will ask her to speak for herself:

I graduated from the Victoria Hospital in Winnipeg, obtaining my registration in Manitoba with A 1 standing. Much may be said against small hospitals and yet they do develop one's initiative. We were made responsible for certain patients and took a great pride in their progress. We were taught to anticipate their wants and to observe closely and record accurately. I had considerable experience in the operating room, and also in the X-ray department, while on the staff after my graduation. Various responsibilities have so far made it impossible for me to undertake post-graduate work but I have tried to add to my knowledge by reading and attending lectures.

In 1923, I came to Vancouver and engaged in private duty nursing, and in 1929 went to Montreal and again practised as a private duty nurse. Illness in the family forced me to return in 1930 to Vancouver where I have since been working in the private duty field. I honestly feel that I have achieved considerable success in this field, and have long had a vision of what our group might accomplish if properly organized and working in unison.

Much of my time has been given to Association activities. While convener of the Directory Committee of the Vancouver Graduate Nurses Association, I was instrumental in bringing the eight-hour day into effect, also in starting organization among private duty nurses. For two years I convened the finance committee of the Vancouver Graduate Nurses Association, raising $1000 the first year and over $900 the second year. From 1936 to 1938 I was convener of the educational committee of the Private Duty Section of the Canadian Nurses Association, during which time splendid co-operation was given from nearly every Province. I was appointed provincial chairman of the Private Duty Section of the Registered Nurses Association of British Columbia in 1937, from which office I had to resign when appointed chairman of the National Section in July, 1938. At present I am on the membership committee of the Health and Welfare Educational Group in Vancouver which is really a branch of the Canadian Public Health Association of which I am a member. This group affords excellent educational opportunities.

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nurses of the various provinces, offering a prize from our Section for the best article submitted to *The Canadian Nurse*. There must be talent among us. I have often contemplated an article on heart disease, which is my specialty, or an appeal to private duty nurses to snap out of the apathetic state they have so long been in, and organize for action.

Needless to say, the *Journal* would be delighted to receive contributions under the conditions which Miss Teulon describes. Would it not be a happy coincidence if the President of the National Private Duty Section carried off the prize? We are writing to her to-day to ask her to send in both the articles she mentions!

MISS AUSTIN RESIGNS

Very much to the regret of all associated with her, Miss P. Beatrice Austin has resigned her position as superintendent of nurses in the Hospital for Sick Children.

Miss Austin served overseas with distinction during the Great War and was attached to No. 4 Canadian General Hospital (Toronto Unit). Upon her return to Canada she joined the staff of the Hospital for Sick Children and between 1921 and 1928 served successively as night supervisor, operating room supervisor, instructor, and assistant to the superintendent of nurses. In October, 1928, she was appointed superintendent of nurses, and for the past ten years has done admirable work in that capacity. She has been the recipient of many handsome gifts, and expressions of regret, from the Trustees, the medical staff, graduate and student nurses, and the dietitians. The Alumnae Association also gave a delightful dinner in her honour.

APPOINTMENTS

Miss L. Einarson, until recently instructor in the principles and practice of nursing in the School of Nursing of the Royal Alexandra Hospital, Edmonton, has been appointed clinical instructor. This is a newly created position, which will permit her to devote almost her entire time to teaching on the wards. *Miss Marion Clarke*, who recently completed a post-graduate course at the McGill University School for Graduate Nurses, has succeeded Miss Einarson as instructor in nursing, and *Miss Jean Davidson*, B.Sc., is instructor in theory.

WANTED

Wanted for the Margaret Scott Nursing Mission, Winnipeg, Manitoba, a Registered Nurse, having a diploma in Public Health Nursing, and experience in District Nursing.

Applications should be addressed to Mrs. A. T. Mathers, Convener of the Nursing Committee for the Margaret Scott Nursing Mission, 340 Dromore Avenue, Winnipeg. Please state age and religion.

A.R.N.P.Q. SPONSORS LECTURES

The Public Health Section of the Association of Registered Nurses of the Province of Quebec has arranged for a series of lectures, to be held in the Medical Building, McGill University. While primarily intended for nurses, the lectures are also open to members of the teaching profession. The presence of both groups will doubtless add to the interest of the discussions. The schedule is as follows:

Monday, Feb. 13—"Adult Education in Canada and Elsewhere", Mr. John Hughes, M.A., Professor of Education, McGill University.

Tuesday, Feb. 14—"Social Work in Action", Miss Lyra Taylor, Associate General Secretary and Educational Director, Young Women's Christian Association.

Wednesday, Feb. 15—"What are the Strengths in Family Life?", Mr. G. B. Clarke, General Secretary, Family Welfare Association.

All lectures will commence at 8.15 p.m. Tickets may be obtained at the door; complete series, $1.00, single lecture, 35 cents.

ASSOCIATION OF REGISTERED NURSES OF THE PROVINCE OF QUEBEC

The Spring examinations for qualification as "Registered Nurse" will be held in Montreal and elsewhere on April 24th, 25th and 26th, 1939.

Application forms and all information may be procured from the Registrar. All applications must be in the office of the Association by March 31st, 1939. **NO APPLICATION WILL BE CONSIDERED AFTER THAT DATE.**

Results of examinations will be published on or about June 6, 1939.

E. FRANCES UPTON, R.N.
Executive Secretary and Registrar,
Suite 1019, Medical Arts Bldg.,
1538 Sherbrooke St. West, Montreal.

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The following one-year certificate courses are offered to graduate nurses:

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ADMINISTRATION IN HOSPITALS AND SCHOOLS OF NURSING

ADMINISTRATION AND SUPERVISION IN PUBLIC HEALTH NURSING

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(b) Gynaecological Nursing: 2 months

Students may enroll for either course singly, or for both courses to be taken consecutively.

Each student will be granted a certificate upon the successful completion of a course.

Full maintenance and an allowance are provided.

For further particulars write to:

Miss C. V. Barrett, R.N.
Supervisor,

ROYAL VICTORIA MONTREAL MATERNITY HOSPITAL
Montreal, Canada

NEWS NOTES

ALBERTA

CALGARY:

Calgary General Hospital:

Among the activities of the Alumnae Association during recent months are the following: A tea was held at the Junior Red Cross Hospital in honour of the nurses attending the convention of the A.A.R.N. During the same month, a most successful ice frolic was held to raise funds for our 1939 expenses. In December we had a splendid turnout, to witness the Pantomine put on by the Alumnae Dramatic Group, and the last meeting of the Old Year was brought to a close with the traditional carols.

Edmonton:

Miss Agnes Macleod, Director of the School of Nursing in the University of Alberta, addressed the members of the Edmonton branch of the University Women's Club at a recent meeting, her topic being "Nursing Education in the University". Miss Macleod traced the development of nursing in general, leading to the modern development of nursing education in the universities of the United States and Canada. She explained very clearly how these courses developed as a result of an increasing demand for specially qualified nurses in the fields of administration, teaching, and public health.

BRITISH COLUMBIA

VANCOUVER:

The December meeting of the Vancouver Graduate Nurses Association was held at St. Paul's Hospital, with the president, Miss Mabel F. Gray in the chair. Following the business meeting the members were entertained by the Nurses Glee Club of St. Paul's Training School.

Vancouver General Hospital:

The regular meeting of the Alumnae Association of the Vancouver General Hospital was held recently with the president, Miss Fyvie Young in the chair. The business meeting was followed by an interesting talk on health and nursing conditions in India by Mrs. O. Daniels, a former member of the Association who recently returned to Vancouver after spending several years in India.

Miss Isabel Smith has resigned from the staff of the Metropolitan Health Committee in Vancouver to take charge of the Red Cross Hospital to be opened shortly at Zeballos.

PENTICTON:

The Southern Okanagan Graduate Nurses Association has been formed in Penticton. The election of officers resulted as follows: President, Mrs. Moffet; vice-president, Miss Twiddie; secretary-treasurer, Mrs. Paul; Committees: Programme, Miss Manuel; Social, Mrs. Traviss; Membership, Miss Baptist; Ways and Means, Mrs. Parmley; Sick Visiting, Miss Dawson; *The Canadian Nurse* and press, Miss Miller.

Mrs. Moffet (formerly Miss McMahon) was previous to her marriage the district superintendent of the Victorian Order of Nurses in the Western provinces.

The business meetings (followed by a social hour) will take place monthly at the Nurses Home of the Penticton Hospital.

ONTARIO

DISTRICT 1

LONDON:

Married: Recently, Miss Evelyn Frances Lindenfield (V.H., 1937) to Mr. Willert Robinson Doan.

SARNIA:

Sarnia General Hospital:

The Alumnae Association of the Sarnia General Hospital recently sponsored a delightful tea at the hospital. Miss Barwise and Miss McFarlane received the guests. The president, Miss Shaw, and Mrs. Kennedy presided at the tea table. The proceeds were gratifying.

Miss Jean Ross (S.G.H.) is taking a six months post-graduate course in surgery at the hospital. Miss Florence Campbell (S.G.H.) will soon complete a psychiatric course at the London Ontario Hospital.

Married: Recently, Miss Jean Lowrie (S.G.H., 1933) to Mr. John Shae.

DISTRICTS 2 AND 3

GALT:

The annual meeting of Districts 2 and 3, R.N.A.O., was held recently in Galt, with a registration of 110, the chairman, Miss S. Agnes Campbell, of Guelph, presiding. Dr. M. B. Davidson pronounced the Invocation, and extended a cordial welcome to the delegates and visitors. Dr. J. A. Sifton, president of the Galt Medical Association conveyed the greetings and best wishes of the Medical Association. Reports from the Sections and Committees were interesting and stimulating. Miss Bluett of Woodstock, con-

DO YOU KNOW YOUR *Vitamins?*

1. What Pharmaceutical house has the most extensive line of Vitamin Products?
2. Who markets over 25 different Vitamin Products?
3. Who makes a 5-mg. tablet of Vitamin B_1 (Thiamin Chloride) equal in potency to over 93 yeast tablets containing 16 International B_1 units?
4. Who makes Navitol—a Vitamin A and D preparation as rich in these vitamins as halibut liver oil with Viosterol and costing only half as much?
5. Who makes the product containing Vitamins A, B_1, D, and G as well as Viophate-D and liver extract (Navitol Malt Compound)?
6. Adex Tablets is the trade name for what manufacturer's Vitamin A and D tablet?
7. Whose vitamin line includes products supplying Vitamins A, B_1, C, D, E, and G (B_2)?
8. What Biological Laboratory tests and standardizes each lot of its entire line of Vitamin Products?
9. Who makes Viophate-D with Viosterol—the first product to supply calcium, phosphorus, and Vitamin D in therapeutically effective quantities?
10. Whose fish liver oils are prepared under special patented processes which include treatment with carbon dioxide to exclude the air?

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vener of the Nurse Education Section, summarized the activities of the Schools throughout the District under the following headings: (1) Revisal of Nursing Procedures; (2) Study Groups on the Proposed Curriculum for Schools of Nursing; (3) Religious study for students; (4) Affiliations. Owing to difficulties in getting together, studies of various problems must be left to each individual School, and conferences arranged by correspondence. On behalf of the Public Health Section, Miss Fennell, of Guelph, presented a comprehensive report on new activities in the public health field, and included a report from the most northerly part of the District, the Red Cross Hospital at Lion's Head. The new activities include extension of I. C. tests in public schools; a publicity campaign through the medium of the press with relation to venereal diseases; extension of immunization clinics; addition to V.O.N. staff; new equipment installed in some schools for vision testing. A general speeding-up and development of all public health activities already in operation is apparent and the interest and support of individual citizens and lay organizations continues to be of inestimable value to the public health nurses. For the Private Duty Section, Miss Sabire, of Galt, reports continued interest in the eight-hour day for private duty nurses. Conferences have been held and contacts made through correspondence. There is considerable difference of opinion evinced in the various centres.

Miss Bingeman, of Kitchener, reported a total membership of 457, renewals 351. In comparing with the last annual report the fact emerges that 98 nurses in the District have failed to renew membership. It would appear that membership must be kept up by continued personal appeal. With respect to National Enrolment, Miss Weicker of Kitchener, reported an enrolment of 66. This shows an increase, but is still 19 short of the quota.

Miss Arnold of Brantford gave a very interesting report of the C.N.A. Biennial in Halifax, and an address on "The Duties of a Coroner" was given by Dr. W. Woolner, of Ayr. This address was of particular interest and help to hospital administrators. After the business was concluded, Mr. Kersh sang several solos very delightfully, followed by charming violin selections from Mrs. Sutterlin with Mr. Johnson accompanying.

The convener of the Nominations Committee announced the slate of officers, councillors and conveners of Sections for the ensuing year. Elections were by ballot.

Following a delicious high tea, provided by the combined efforts of the Alumnae Association and the Women's Hospital Aid, Miss Iris Errey, Reg. N., a missionary on

furlough from India, gave an excellent talk, in native costume, on her work there, and had on view many dresses and curios from that interesting country.

An invitation to hold the winter meeting in Guelph was accepted.

District 4

HAMILTON:

St. Joseph's Hospital:

The Alumnae Association of St. Joseph's Hospital recently held their annual meeting and the following members were appointed to the executive: President, Miss E. Quinn, re-elected by acclamation; first vice-president, Miss A. Williams; second vice-president, Miss D. Crosley; third vice-president, Miss E. Hart; recording secretary, Miss W. Lothian; corresponding secretary, Miss L. Curry; treasurer, Miss Margaret Kelly; representative to the R.N.A.O., Miss I. Lucas; representative to *The Canadian Nurse*, Miss E. Hart. The committee conveners are: Misses M. Mitchell, F. Nicholson, J. Laidlaw, B. Dynes, J. Morin, B. Dickinson.

The Alumnae Association recently held a successful charity bridge. The committee in charge included the Misses F. Nicholson, M. Kelly, E. Hart, G. Murray, M. Hayes, B. McKenna, A. Williams, Mrs. W. Foley, and Mrs. J. Clushman. Prizes were won by Mrs. M. Kennedy, Miss A. Dermody, Miss K. Butler, Mrs. L. O. O'Brien, Miss M. Brennan, Miss G. Smith, Miss J. Murphy, Miss M. Gillen and Miss J. Williamson. The senior nurses of St. Joseph's Hospital entertained the graduating class at a dance at "Undermount"; in charge were Misses Z. Kennedy and A. Lansing.

District 5

TORONTO:

Toronto Western Hospital:

A capacity audience attended a recent meeting of the Alumnae Association of the Toronto Western Hospital. Election of officers for the ensuing year took place and Miss Gladys Sharpe, assistant superintendent of nurses, was again elected president by acclamation. After the election of the executive and the hearing of the yearly reports, Miss Sharpe heartily thanked the officers for their co-operation and untiring assistance and their whole-hearted support in every enterprise of the Association.

Miss Beatrice Ellis, superintendent of nurses, then introduced the motion picture "Women in White" produced and exhibited by Dr. A. I. Willinsky. This unique venture in photography proved of vital interest to

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everyone present in that it portrayed the life of a student nurse from the inception of her desire to become a nurse, her application for entrance to the school for nurses, acceptance for probation and the trend of her life and thought throughout her entire training, until the day of graduation. The scenes depicted were familiar to everyone and their sincerity, humour and natural reaction to every situation in the activities of hospital life, plus the excellent performance of the characters, combined to form one of the most pleasing and entirely original features ever presented at an alumnae meeting. Mrs. Hain moved a vote of thanks to Dr. Willinsky. A social hour followed.

A pleasant social evening was held recently when Miss Gladys Sharpe, president of the Alumnae Association of Toronto Western Hospital, entertained the newly appointed executive. Many questions of importance were discussed pertaining to the Association.

A delightful bridge party was held recently under the auspices of the nursing staff of the Toronto Western Hospital in honour of Miss Mabel Coutts and Miss Blanche Kearney who recently resigned after many years of devoted and efficient service. Two beautiful lamps were presented to Miss Coutts and Miss Kearney, who graciously expressed their thanks. Everyone joined in wishing the two departing members every happiness in their new work. Miss Coutts has accepted a position as superintendent of nurses at Kapuskasing, and Miss Kearney will enter the field of private duty.

TORONTO:

Hospital for Sick Children:

Miss Josephine Hamilton, a member of the class of 1888 in the School of Nursing of the Hospital for Sick Children, has completed fifty years of nursing service, and is still engaged in private duty.

Married: Recently, Miss Elizabeth Shore (H.S.C., 1933) to Mr. John Andrews.

Married: Recently, Miss Jean Hollinrake (H.S.C., 1937) to Mr. Justin Read.

OSHAWA:

Married: On December 2, 1938, Miss Effie J. Smith, (Toronto Western Hospital) to Mr. Thomas Cadenhead.

DISTRICT 8

OTTAWA:

Ottawa Civic Hospital:

The Christmas meeting of the Alumnae Association of the Ottawa Civic Hospital

School of Nursing was held on December 16 at the Residence. Miss Gertrude Ferguson gave an interesting and enlightening paper on "Vitamine Follies". A complete resumé of the Biennial meeting of the C.N.A. was given by Miss Evelyn Pepper. To celebrate the festive season a "taffy pull" followed the business meeting. Miss Elma Coon acted as chef, and each guest received a platter of tasty taffy.

Miss Mildred O'Leary (O.C.H., 1937) is now on the general staff of the Riverdale Hospital, Toronto. Miss Eileen Bretzlaff (O.C.H., 1938) expects to leave shortly for Montreal where she will take a course in public health nursing.

QUEBEC

MONTREAL:

Royal Victoria Hospital:

At a recent meeting Dr. J. C. Meakins gave a very interesting address, illustrated with lantern slides, on his impressions of Australasia.

Miss Thelma MacKenzie, a member of the teaching staff of the R.V.H., has recently returned from a visit of observation in The Presbyterian Hospital, New York.

Married: Recently, Miss Eleanor Locke (R.V.H., 1932) to Dr. C. Blackler.

Married: Recently, Miss Eleanor Marks (R.V.H., 1938) to Dr. John Stewart.

QUEBEC CITY:

Jeffery Hale's Hospital:

A meeting of the private duty nurses was held recently at Jeffery Hale's Hospital when Miss Dart, of Montreal, chairman of the Private Duty Section of the A.R.N. P.Q., gave a talk on plans for eight-hour duty.

Miss Fernandez of Venezuela, and Miss Sarasqueta of Panama, who are students at the School of Nursing of the University of Toronto, spent a few days in Quebec as guests of Miss Mackenzie, Lady Superintendent of Jeffery Hale's Hospital.

The principal, nursing staff and student nurses of Jeffery Hale's Hospital, entertained at a Christmas dance. The guests were received by Miss Mackenzie and Miss Lunam. The lady superintendent and nursing staff were "at home" January 2 to all graduate nurses in the city. Mrs. A. W. G. Macalister presided at the tea table.

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√ Tracy's "Nursing, An Art and a Science"

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We have been getting into arguments lately . . . about the right way . . . to listen to music . . . Some of our acquaintances . . . sit dutifully before their radios . . . and write down every word . . . which falls from the lips . . . of "the eminent American composer and critic, Deems Taylor" . . . Others have no patience with him . . . and insist on studying . . . the programme notes . . . which he so deeply scorns . . . We agree with Mr. Taylor . . . that no matter how ignorant . . . you may be about musical techniques . . . you have the right . . . to wrestle with the music . . . like Jacob with his angel . . . and to interpret its meaning . . . in your own way . . . We will even go a step further . . . and assert that its emotional impact . . . cannot be expressed in words . . . with any degree of precision . . . Mr. Lawrence Gilman to the contrary notwithstanding . . . We realized this one evening . . . when listening over our radio . . . to a performance of "Perpetual Motion" . . . Toscanini was conducting . . . and only the stringed instruments were playing . . . As the music reached its terrific climax . . . we found ourselves standing in the middle of the floor . . . not quite sure whether we were in this world . . . or the next . . . and quite incapable of logical thought . . . When the music ceased . . . we were only certain of one thing . . . we had heard the morning stars singing together . . . and lived to tell the tale . . . The radio never did this to us . . . either before or since . . . because as a rule . . . we are dependent upon seeing . . . as well as hearing the music . . . We like to arrive early . . . in time to watch the musicians . . . dropping in one after another . . . When the oboe player . . . sounds the A . . . from which the other instruments . . . take their pitch . . . a preliminary tingle runs down our spine . . . and when the conductor lifts his baton . . . we take off grandly with the violins . . . We can still see Rachmaninoff . . . sitting austerely at the piano . . . ready to begin his own concerto . . . with the full orchestra . . . as a sombre background . . . That afternoon in Carnegie Hall . . . we remembered as though it had been yesterday . . . the first music we ever consciously heard . . . We were seven years old . . . and it was a summer evening . . . in North Wales . . . The men who worked in the slate quarries . . . were singing on their way home . . . The song was "Ar hyd y Nos" . . . which means "All through the night" . . . Hearing it, we burst into a flood of tears . . . and refused to be comforted . . . or to explain what we were crying about . . . We still don't know . . . but whatever it was . . . Rachmaninoff touched the same chord which vibrated then . . . and which will never quite cease trembling . . . until the music dies out . . . forever . . . E. J.

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